

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673467	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2		1				52	
3		1				53	
4		1				54	
5						55	
6						56	
7						57	
8						58	
9						59	
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38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1					TOTAL IND.	
TOTAL DEP.	3					TOTAL DEP.	
TOTAL CLAIMS	4					TOTAL CLAIMS	

BEST AVAILABLE COPY